

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-034570

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 141 Primary Registration District No. 3025 Registrar's No. 1521. PLACE OF DEATH
a. COUNTY **Howell**b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN **West Plains**Length of stay in lb
OR TOWN **7 days**c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION **West Plains Memorial**Inside Limits
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Missouri** b. COUNTY **Ozark**c. CITY OR TOWN **Nottingham**Inside Limits
Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)

Reside on Farm
Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)First **Burt**

Middle

Last **Duckworth**

4. DATE OF DEATH

Month **9**Day **4**Year **1962**5. SEX **Male**6. COLOR OR RACE **White**7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐8. DATE OF BIRTH **4-25-81**9. AGE (last birthday) **81**IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
retired10b. KIND OF BUSINESS OR INDUSTRY
Salesman11. BIRTHPLACE (City and state or country)
Ozark Co. Missouri12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

Pleas Duckworth

13b. MOTHER'S MAIDEN NAME

Amanda A. Aport

14. NAME OF HUSBAND OR WIFE

Carrie Duckworth15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
no

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Doug Duckworth, Nottingham, Mo.18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral Thrombosis with Hemiplegia - 1. week

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Arterial Hypertension

DUE TO (c)

Generalized Arteriosclerosis

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **28/8/62** to **4 Sept 62** and last saw him alive on **4 Sept 62**
Death occurred at **7:10 A.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

Burial**9-5-62****Isabella****Ozark County, Missouri**

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Clinkingbeard, Gainesville, Mo.**9-11-62****Beatrice Cook**

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300
Rev. 4/59

3

4 0

5 2

6

7 0

8 2

9 332X

10

11

12 5-0

13 1-0

Permit not obtained

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John R. Uney

Licensed Embalmer No. 4885

P. O. Address Garfield

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.